

a national study, released by the Substance Abuse and Mental Health Services Administration, SAMHSA, entitled *Risk and Preventive Factors for Adolescent Drug Use: Findings from the 1997 National Household Survey on Drug Abuse*.

As summarized in the Spring 2001 edition of the magazine SAMHSA News, this study reported “[p]eer use and peer attitudes are two of the strongest predictors of marijuana use among all young people.” For youth in the age range of 12–17, using marijuana in the past year was 39 times higher if close friends had used it versus if they had friends who had not used it. The odds for the same age group were 16 times higher if adolescents thought their friends would not be “very upset” if they used marijuana. While peer attitudes were more influential than parental attitudes, youth were still 9.6 times more likely to smoke marijuana if they viewed their parents “would not be very upset” versus “very upset.”

Other risk factors for past-year marijuana use were the youth’s own use of alcohol and tobacco, the parent’s attitude about alcohol and tobacco, if youth could not talk to their parents about serious problems, if youth were not enrolled in school, if youth were receiving poor grades in school, or if they did not attend religious services once a week. Interestingly, the factors that most correlated with cigarette use were the same factors associated with alcohol, marijuana, and other illegal drugs. Finally, youth who had not received in-school drug/alcohol education were slightly more likely to have used marijuana in the past year than those who had not. The analysis results were uniform across race/ethnicity.

The average person, much less a teenager, does not wake up one day and decide to do a line of cocaine or take a hit of heroin. There is a general progression of both actions and attitudes. The so-called “softer” drugs of cigarettes, alcohol, marijuana, and other club or synthetic drugs are actually “gateways” that precede the use of cocaine and heroin. According to a 14-year veteran of drug treatment in New York City, the average age of new users she sees has dropped from 17 or 18 years to now 13. Quoting her from a recent newspaper article, “[w]e’ve seen the age of first use drop dramatically”. . . “[k]ids are going from doing marijuana to drugs like ecstasy and rohypnol in months.” A Spartanburg County South Carolina sheriff, also quoted in a recent newspaper article, reminds us “[t]hat the first responsibility of parenthood is to protect the child.” Backing up the SAMSHA observations on peers and peer attitudes, he concluded “parents need to pay close attention to the way their children act and who they’re hanging around with.”

It may be difficult to raise teenagers or keep your children off all illegal substances, but there are some easy first steps and warning signs to heed. According to the National Institute on

Drug Abuse, NIDA, handbook “Preventing Drug Abuse Among Children and Adolescents,” the best “protective factors” include “strong bonds with parents, experience of parental monitoring with clear rules of conduct within the family unit, involvement of parents in the lives of their children, success in school performance, strong bonds with prosocial institutions such as family, school, and religious organizations, and adoption of conventional norms about drug use.” With respect to family relationships, NIDA research shows that “parents need to take a more active role in their children’s lives, including talking to them about drugs, monitoring their activities, getting to know their friends, and understanding their problems and concerns.”

These are simple, positive actions that all of us, as friends, peers, coworkers, concerned adults, or parents can start today.

COMMEMORATION OF WORLD REFUGEE DAY

Mr. GRAHAM. Mr. President, today I commemorate World Refugee Day, a day designated for our country to celebrate the multiple contributions that immigrants have made to make America a richer, more perfect union.

It is tragic that while immigrants continue to make the fabric of our Nation stronger, many immigrants continue to be barred from vital safety net services including access to health care.

For the past several years there has been heated discussion regarding the number of uninsured in America.

There are uninsured children in every State, county and community in America. States have sought to address this issue through programs such as Medicaid and the Child Health Insurance Program (CHIP). Through these Federal-State programs, States have been able to insure millions of eligible children.

There has been recent success in providing coverage for those families and children who have gone without health insurance. We were pleased by the new census data on the number of uninsured in America. The data shows that the number of Americans without health insurance fell from 44.3 million to 42.6 million in 1999. This is the first decline since 1987. And this is good news.

In the last Presidential campaign, Vice President Gore and then-Governor Bush focused on the critical importance of insuring our nation’s children and families. Today Congress is struggling with how best to cover the nations uninsured. The national press is writing article after article regarding outreach and enrollment of children in to the Medicaid and Children’s Health Insurance Program. These are laudable discussions, but there is a critical element that was missing in Presidential rhetoric, congressional deliberations and the media’s stories. This “missing

piece” is the regrettable fact that the current federal policy, denies public health insurance to legal immigrant children and pregnant women.

While we are seeing declines in the overall level of uninsured in America, the fact is that the proportion of immigrant children who are uninsured remains extremely high. A report by the Center on Budget and Policy Priorities, shows that in the last year, nearly half of low-income immigrant children in America had no health insurance coverage.

Additionally, the percentage of low-income immigrant children in publicly-funded coverage—which was low even before enactment of the 1996 welfare reform law—has fallen substantially, Providing Medicaid and CHIP to legal immigrant children is critical in order to guarantee a healthy generation of children in America.

We all know that if we are lucky enough to have health insurance, regular health care services, particularly preventive care, is critical for maintaining good health. Children who need these services should receive them, regardless of how long they have lived in this country.

Pregnant women, regardless of their immigration status, want to make sure that their unborn children are growing and healthy. A child who is sick just wants to feel better. She does not understand that laws or her immigration status could prevent her from seeing a doctor.

Legal immigrant children, regardless of their date of entry, should have the opportunity to be treated and cared for by a doctor. Access to early medical attention can often mean the difference between curing a minor illness and dealing with a serious, potentially life threatening, medical emergency. No parent in America should have to stand by and watch their child suffer unnecessarily through an illness.

Five years is too long to wait.

Moreover, all children should be able to see a pediatrician when they are well—to prevent problems before they start. For example, immunizations in the first few years of life are critical to keep children protected from terrible diseases and to protect those around them. And for pregnant women, prenatal care helps to ensure that their newborns will be born healthy, without the worries and costs that come with a sick or premature baby.

Giving States the option to provide health insurance coverage to newly arrived legal immigrant children would help states in their efforts to enroll more low income children. States could simplify their child application and enrollment procedures by dispensing with complex immigrant eligibility determinations. In addition, outreach messages could be simplified, making it easier for community groups such as schools and churches to help enroll legal immigrant children.

I believe that providing Medicaid and CHIP to legal immigrant children is

critical in order to guarantee a healthy generation of children in America. To this end, I, along with my Senate and House colleagues, have introduced the Immigrant Children's Health Improvement Act, 582 and H.R. 1143, to give States the option to provide health care coverage through Medicaid and CHIP.

Legal immigrant children who came to this country after August 22, 1996 are no different than those who arrived before that date or kids who were born on American soil. Our children go to school together, study together and play together.

On this World Refugee Day, I call upon the Congress and the President to work in earnest to eliminate the arbitrary designation of August 22, 1996 as a cutoff date for allowing children to get health care.

Let us treat the hard working people in our nation, regardless of their immigration status, with fairness and dignity.

TELECOMMUNICATIONS ACT OF 1996

Mr. FRIST. Mr. President, I am increasingly concerned about the stalled promise of the Telecommunications Act of 1996. There are many indications that the pro-competitive course we charted in 1996 when we enacted the Telecommunications Act is not moving as quickly as we intended. In response to that landmark law, hundreds of companies invested billions of dollars in an effort to bring a choice of service provider to local consumers. Yet the competitive telecommunications industry has virtually collapsed in the past year. Every day brings reports of competitors declaring bankruptcy, shutting down operations, or scaling back plans to offer service. Even in my home State, five competitive local exchange carriers with major operations in Tennessee have gone bankrupt.

We have all read recent reports of the difficulties that competitive telecommunications firms are facing in the current economic downturn. For those that continue to struggle in operation, stock prices have plunged, and the capital market has virtually dried up. While telecommunications companies captured an average of two billion dollars per month in initial public offerings over the last two years, they raised only \$76 million in IPOs in March, leading numerous companies to withdraw their IPO plans.

The difficulty in entering local markets has also caused nearly all competitors to scale back their plans to offer service. Covad had established offices in Chattanooga, Knoxville, Memphis and Nashville, but is now closing down over 250 central offices, and will suspend applications for 500 more facilities. Rhythms has cancelled plans to expand nationwide. Net2000 has put its plans for expansion on hold. Numerous other competitors, such as DSL.net, have resolved to focus on a

few core markets. Each of these decisions has been accompanied by hundreds of eliminated jobs. In all, competitive local carriers dismissed over 6500 employees nationwide in the last year while attempting to remain in business. Tennessee is among the hardest hit States.

The repercussions of these events on consumers is significant. Competitors reinvested most of their 2000 revenues in local network facilities. Competitors that declared bankruptcy in 2000 had planned to spend over \$600 million on capital expenditures in 2001. Those competitive networks will not be available to consumers.

In this uncertain financial climate, it is imperative that we maintain a stable regulatory framework. The 1996 Telecom Act established three pathways to a more competitive local telecommunications marketplace: a new entrant could purchase local telephone services at wholesale rates from the incumbent and resell them to local customers; a competitor could lease specific pieces of the incumbent's network on an unbundled basis, using what the industry calls unbundled network elements; or a competitor could build its own facilities and interconnect them with the incumbent's network. Each of these alternatives must remain available to new entrants. Making fundamental changes to the structure of the 1996 Act will destabilize the already shaky competitive local exchange industry, depriving consumers of even the prospects for meaningful choice.

Recent press reports indicate that investors will not sink more money into local competitors when there is a "growing view that regulators are working against the new entrants." We need to ensure that the market-opening requirements of the 1996 Act are vigorously implemented. Without a supportive regulatory environment, there will be no more capital flowing to new entrants in the local telecommunications market spurring competition and lower consumer prices. This was not the promise of the Telecommunications Act I voted for in 1996.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Mr. President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of this year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred November 7, 1998 in Easton, MA. An Easton teenager threw a large rock at a 17-year-old boy he thought was gay, kicked him in the head and yelled, swore, and called the victim a "fag." The victim suffered a broken nose and a concussion. A week before the assault, the perpetrator told friends he hated gay people and thought they should be beaten up.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation, we can change hearts and minds as well.

AMENDMENT NO. 805 TO ESEA

Mr. TORRICELLI. Mr. President, yesterday, the Senate passed, by unanimous consent, an important amendment that will protect our children from pesticide exposure in our Nation's schools. Inadvertently, Senators BOXER and REID were left off this amendment as original cosponsors. I would like the record to reflect that Senator BOXER and Senator REID should have been listed as original cosponsors of amendment #805 to H.R. 1, the Better Education for Students and Teachers Act.

I regret this unfortunate oversight, as these two Senators are largely responsible for the passage of this amendment. They have as much claim to authorship of this important effort as any Member of this body. If not for their commitment to the protection of our Nation's children, we would not be celebrating the passage of this amendment today. Were it not for Senator BOXER's unwavering commitment to protecting our children, as she has done with the introduction of the Children's Environmental Protection Act, the Senate would not even be having this debate. Were it not for Senator REID's understanding of the important issues facing the Senate, and his advocacy as a member of the Environment and Public Works Committee, this amendment would not have enjoyed the support that it has.

I thank my friends for their support and ask that the Senate recognize Senator BOXER and Senator REID as original cosponsors of the School Environmental Protection Amendment.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Tuesday, June 19, 2001, the Federal debt stood at \$5,641,114,076,861.51, five trillion, six hundred forty-one billion, one hundred fourteen million, seventy-six thousand, eight hundred sixty-one dollars and fifty-one cents.

One year ago, June 19, 2000, the Federal debt stood at \$5,649,976,000,000, five trillion, six hundred forty-nine billion, nine hundred seventy-six million.

Five years ago, June 19, 1996, the Federal debt stood at \$5,120,985,000,000, five trillion, one hundred twenty billion, nine hundred eighty-five million.

Ten years ago, June 19, 1991, the Federal debt stood at \$3,498,343,000,000, three trillion, four hundred ninety-eight billion, three hundred forty-three million.

Fifteen years ago, June 19, 1986, the Federal debt stood at \$2,039,961,000,000,